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Kamilova Umida Kabirovna

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kasalliklar kafedrasi mudiri (Samarqand)
<https://orcid.org/0000-0003-2679-1296>

Alimov Doniyor Anvarovich
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Doctor of Medical Sciences,
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Practical Medical Center for Therapy and
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<https://orcid.org/0000-0002-1766-4458>

Agababyan Irina Rubenovna
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doctor of Medical Sciences, Professor, Head of
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Kayumov Ulugbek Karimovich
Doctor of Medical Sciences, Professor,
Head of the Department of Internal Diseases
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development of professional qualifications
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Khusinova Shoira Akbarovna
PhD, Associate Professor, Head of the
Department of General Practice,
Family Medicine FAGE of the
Samarkand State Medical Institute

Shodikulova Gulandom Zikriyaevna
Doctor of Medical Sciences, professor, head of
the Department of Internal Diseases N 3 of
Samarkand state medical institute (Samarkand)
<https://orcid.org/0000-0003-2679-1296>

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Контакт редакций журналов. www.tadqiqot.uz
ООО Tadqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
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Editorial staff of the journals of www.tadqiqot.uz
Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
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Кобилова Нигина Акмаловна
ассистент кафедры терапии ФПДО

Самаркандский государственный медицинский институт, Самарканд, Узбекистан

ТРИМЕТАЗИДИН В КОМБИНИРОВАННОЙ ТЕРАПИИ ИШЕМИЧЕСКОЙ БОЛЕЗНИ СЕРДЦА, ПЕРЕНЕСШИХ ИНФАРКТ МИОКАРДА

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АННОТАЦИЯ

Несмотря на постоянное совершенствование методов обследования и лечения, уровень смертности от ИБС сохраняется высоким, в связи с чем ведутся поиски и разработки новых подходов к ведению больных ИБС. Эпидемиологические исследования, проведенные среди населения Узбекистана, показали, что более 26% лиц в возрасте старше 40 лет страдают артериальной гипертензией (АГ), которая является причиной мозгового инсульта, острого инфаркта миокарда, сердечной недостаточности; около 11% страдают различными формами ИБС. В Узбекистане ежегодно регистрируется 8000 случаев острого инфаркта миокарда, около 60% пациентов умирают на догоспитальном этапе. Поэтому, это является актуальной проблемой не только клинической, но и научной медицины. Появление в клинической практике препаратов метаболического действия стало выдающимся событием в кардиологии.

Ключевые слова: сердечно-сосудистая система, ишемическая болезнь сердца, инфаркт миокарда.

Kobilova Nigina Akmalovna

Assistant of the Department of Internal
Medicine, Faculty of Postgraduate Education,
Samarkand State Medical Institute, Samarkand, Uzbekistan

TRIMETAZIDINE IN COMBINED THERAPY OF ISCHEMIC HEART DISEASE WITH MYOCARDIAL INFARCTION

ANNOTATION

Despite the constant improvement of methods of examination and treatment, the mortality rate from coronary artery disease remains high, and therefore the search and development of new approaches to the management of patients with coronary artery disease are underway. Epidemiological studies carried out among the population of Uzbekistan have shown that more than 26% of people over the age of 40 suffer from arterial hypertension (AH), which is the cause of cerebral stroke, acute myocardial infarction, heart failure; about 11% suffer from various forms of ischemic heart disease. In Uzbekistan, 8000 cases of acute myocardial infarction are registered annually, about 60% of patients die at the pre-hospital stage [3]. Therefore, this is an urgent problem not only in clinical, but also in scientific medicine. The appearance of metabolic drugs in clinical practice has become an outstanding event in cardiology.

Key words: CVS (cardiovascular system), ischemic heart disease, myocardial infarction.

Kobilova Nigina Akmalovna

Diplomdan keying ta'lim fakulteti terapiya kafedrasida assistenti
Samarqand Davlat Tibbiyot Instituti, Samarqand, O'zbekiston

МИОКАРД ИНФАРКТИ О՛ТКАЗГАН YURAK ISHEMIK KASLLIGI BOR BEMORLARDA TRIMETAZIDINNING KOMBINIRLANGAN TERAPIYASI

ANNOTATSIIYA

Tekshiruv va davolash usullarining doimiy takomillashtirilishiga qaramay, yurak-qon tomir kasalliklaridan o'lim darajasi yuqorilgicha qolmoqda va shuning uchun yurak ishemik kasalligi bilan og'rigan bemorlarni davolashning yangi yondashuvlarini izlash va ishlab chiqish davom etmoqda. O'zbekiston aholisi o'rtasida olib borilgan epidemiologik tadqiqotlar shuni ko'rsatdiki, 40 yoshdan oshgan aholining 26% dan ortig'i miya insultlari, o'tkir miokard infarkti, yurak yetishmovchiligining sababi bo'lgan arterial gipertenziya (AG); taxminan 11% yurak ishemik kasalligining turli shakllaridan aziyat chekadi. O'zbekistonda har yili 8000 ga yaqin o'tkir miokard infarkti qayd etiladi, bemorlarning 60 foizga

yaqini kasalxonaga yotqizishdan oldingi bosqichda vafot etadi. Shuning uchun bu nafaqat klinik, balki ilmiy tibbiyotda ham dolzarb muammodir. Metabolik dorilarning klinik amaliyotda paydo bo'lishi kardiologiyada ajoyib voqea bo'ldi.

Kalit so'zi: Yurak qon-tomir tizimi, yurak ishemik kasalligi, miokard infarkti.

Cardiovascular diseases (CVD) are the leading cause of nonviolent death in the world. Among them, ischemic heart disease is in the lead - in 2020 it affects 126 million people worldwide, this is 16% of all deaths [4]. Men are susceptible to coronary artery disease more often than women [4]. Clinical manifestations of coronary artery disease include asymptomatic myocardial ischemia, angina pectoris, acute coronary syndromes (unstable angina pectoris, myocardial infarction) and sudden cardiac death [5]. Despite the constant improvement of examination and treatment methods, the mortality rate from coronary artery disease remains high, and therefore the search and development of new approaches to the management of patients with coronary artery disease are underway. Currently, coronary heart disease is one of the major causes of death in the world. Very often leads to myocardial infarction, remodeling of the heart, and ultimately to chronic heart failure. Chronic heart failure ends in the death of the patient. In recent years, more antianginal drugs have appeared for the treatment of stable and unstable forms of coronary artery disease, these are nitrates, β -blockers, calcium antagonists, ranolazine, nicorandil, allopurinol. Trimetazidine is also now included in the treatment of acute pain - acute coronary syndrome and unstable angina due to its action on cardiomyocytes. This once again indicates the need for the use of trimetazidine in patients with past covid-19 who are currently at the Long-covid stage and need long-term rehabilitation. [2,8] In recent decades, the incidence of ischemic heart disease has become significantly younger. Already at the age of 30, ischemic heart disease is the main cause of morbidity and disability, and from 40 years of age, premature death [6]. Therefore, this is an urgent problem not only in clinical, but also in scientific medicine. The appearance of metabolic drugs in clinical practice has become an outstanding event in cardiology. Microcirculatory dysfunction and metabolic disorders emerge as important concomitant pathogenetic mechanisms in CAD. In addition, the limited impact of revascularization procedures on the patient's prognosis, as well as persistent angina pectoris in many patients after the elimination of stenosing atherosclerotic plaques in the coronary arteries, support this hypothesis [4, 5]. Therefore, in patients with CAD and stable angina, a combined therapeutic approach is required, including metabolic agents (such as trimetazidine, TMZ) in addition to standard therapy [7]. One of the highly effective metabolic drugs is the myocardial cytoprotector trimetazidine, an inhibitor of mitochondrial long-chain 3-ketoacyl-CoA thiolase. Cytoprotection is achieved by providing enough energy, which allows maintaining the normal contractile function of cardiomyocytes and the myocardium as a whole. [9] Metabolic agents improve energy production efficiency, reduce oxygen debt, and protect myocardial cells from the effects of ischemia [11, 14,15]. Metabolic processes in the heart are supported by energy, which is formed during the breakdown of two main substrates: free fatty acids (70%) and glucose (15%). With a deficiency of oxygen, the breakdown of fatty acids is disrupted, and this leads to a number of biochemical changes: to inhibition of aerobic glycolysis, to a decrease in the rate of ATP synthesis, to an increase in the rate of formation of free radicals, to damage to cell membranes, to the accumulation of Ca^{2+} cations and to the development of intracellular acidosis, the consequence of which is a decrease in the contractile function of the heart [1,12, 13]. Trimetazidine contributes to the conservation of energy potential by optimizing the use of oxygen by the myocardium under ischemic conditions by increasing aerobic glycolysis and reducing the rate of fatty acid oxidation [10].

Target: To evaluate the clinical efficacy of trimetazidine and its effect on the functional state of the CVS in patients with coronary artery disease who have had myocardial infarction.

Materials and methods: The study was conducted in the therapeutic departments of the Samarkand Regional Multidisciplinary Medical Center. A total of 52 patients with coronary artery disease who had undergone myocardial infarction (men - 36 (69%), women - 16 (31%)) were examined. All patients underwent examination: interview and examination; general clinical and biochemical studies, ECG, echocardiography (EchoCG). The study included patients with an LV

ejection fraction of less than 50%... The patients were divided into 2 groups. The first group (comparison group) included 19 (36%) patients (men - 14 (74%), women - 5 (26%)) who received only basic therapy (beta-blockers, ACE inhibitors, anticoagulants, antianginal drugs) ... The second group included 33 (63%) patients (men - 22 (67%), women - 11 (33%)) who, along with basic therapy, received trimetazidine (predizin, Gedeon Richter, Hungary) at a dose of 35 mg 2 times day for 3 months. In the first group patients with bad habits accounted for 9 (47.3%), obese patients - 6 (31.6%). Of the concomitant pathology, most patients with AH - 9 (47.4%), with diseases of the gastrointestinal tract - 2 (10.5%), with heart failure FC IV - 5 (26.5%), with a disease of the nervous system - 5 (26.5%), with atrial fibrillation were 5 (26.3%). In the second group (control group), patients with bad habits - 8 (24.2%), obese patients - 16 (48.5%). Of the concomitant pathologies, most patients with AH are 10 (30.3%), with diseases of the gastrointestinal tract - 3 (9.1%), with heart failure FC IV - 6 (18.2%), with diseases of the nervous system - 11 (33.3%), atrial fibrillation were 6 (18.2%). These main clinical indicators were not significantly different in both groups. The effectiveness of the therapy was assessed by LV remodeling in patients with coronary artery disease after myocardial infarction. The structural and functional state of the left ventricle was studied using a MindrayDC-7 echocardiograph according to the standard technique. Echocardiography was performed before and after treatment. Evaluated the following indicators: end systolic size (ESV), end diastolic size (EDV), end diastolic volume (EDV), end systolic volume (ESV), stroke volume (SV), left ventricular ejection fraction (LVEF).

Results.

When analyzing the dynamics of symptoms of heart failure against the background of the therapy, it was revealed that in both groups there was a significant decrease in the functional class (FC) in the studied patients. Thus, in patients of group 1, FC decreased from 2.52 ± 0.08 to 1.85 ± 0.09 ($p < 0.001$), and in patients of group 2, FC decreased from 2.40 ± 0.09 to 1.47 ± 0.12 ($p < 0.001$). However, in patients of the 2nd group, the decrease in FC was more pronounced than in the 1st group (38.8% and 26.6%, respectively). When comparing the mean FC values of patients between the 1st and 2nd groups after three months of therapy, it was revealed that in the 2nd group of patients the average FC was less by 25.8% ($p = 0.008$). None of the 52 patients included in the study experienced a worsening of their condition during the three-month therapy, and all patients successfully completed the study program.

When analyzing biochemical parameters in group 1 before treatment, cholesterol was 6.8 ± 0.5 mmol / L, and after treatment 6.3 ± 0.5 mmol / L. In the second group (who received additionally predizin), cholesterol was 6.6 ± 0.7 mmol / L, and after treatment 6.0 ± 0.2 mmol / L. When analyzing the echocardiography parameters in group 1 before treatment, the end diastolic volume (EDV) was 159 ± 1.84 mm / m², and after treatment - 154.4 ± 1.58 mm / m² L; the final systolic volume (CSV) before treatment - 86.84 ± 5.11 mm / m², after - 78.67 ± 2.28 mm / m²; left ventricular ejection fraction (LVEF) before treatment - $45 \pm 0.62\%$, after - $50.2 \pm 1.26\%$. Left ventricular stroke volume (LVOL) - before treatment was 63.57 ± 4.33 , after treatment - 72.72 ± 2.48 . In group 2, before treatment, the end diastolic volume (EDV) was 146 ± 2.35 mm / m², and after treatment - 114.03 ± 5.32 mm / m²; the final systolic volume (CSV) before treatment - 84.65 ± 1.64 mm / m², after - 42.82 ± 2.18 mm / m²; left ventricular ejection fraction (LVEF) - before treatment - $43.6 \pm 1.45\%$, after - $56 \pm 2.25\%$. Stroke volume of the left ventricle (LVOL) - before treatment - 58.74 ± 1.43 after - 71.88 ± 3.18 . From the analyzes carried out after the treatment of patients showed a tendency towards the normalization of cholesterol and echocardiography. These indicators were most pronounced in the second group ($p \leq 0.05$).

Output. There was a significant difference and a better treatment effect in the control group. Thus, the addition of predizin to the complex therapy leads to a more pronounced improvement in the general condition of patients and the normalization of echocardiography.

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ЖУРНАЛ КАРДИОРЕСПИРАТОРНЫХ ИССЛЕДОВАНИЙ

Назаров Феруз Юсуфович


Ассистент кафедры пропедевтики внутренних болезней
Самаркандский государственный медицинский институт
Самарканд, Узбекистан

Холтураев Абдугаффор Тожиевич

Ассистент кафедры пропедевтики внутренних болезней
Самаркандский государственный медицинский институт
Самарканд, Узбекистан

НАРУШЕНИЕ МИНЕРАЛЬНОЙ ПЛОТНОСТИ КОСТНОЙ ТКАНИ ПРИ ЗАБОЛЕВАНИЯХ ЖЕЛУДКА И ДВЕНАДЦАТИПЕРСНОЙ КИШКИ

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АННОТАЦИЯ

Ряд ученых частично объяснили в литературе, что снижение минеральной плотности у больных с заболеваниями желудка и двенадцатиперстной кишки происходит за счет антисекреторных и цитопротекторных препаратов. Однако при кислотозависимых желудочно-кишечных заболеваниях, т. е. при хронических заболеваниях желудка и двенадцатиперстной кишки, практически отсутствуют признаки нарушения минеральной плотности костной ткани. Поэтому в данном исследовании мы попытались определить, что связанные с кислотой и НР-инфекцией заболевания желудочно-кишечного тракта, т. е. хронические гастриты и язвы, являются важными факторами риска снижения минеральной плотности костной ткани. И мы ставим перед собой цель разработать методы профилактики и лечения осложнений, развивающихся в костной ткани при этих заболеваниях.

Ключевые слова: Остеопороз, *Helicobacter pylori*, корреляционная связь, плотность кости.

Nazarov Feruz Yusufovich

Assistant of the Department of Propedeutics of Internal Diseases
Samarkand State Medical Institute Samarkand, Uzbekistan

Xolto`raev Abdugaffor Tochievich

Assistant of the Department of Propedeutics of Internal Diseases
Samarkand State Medical Institute Samarkand, Uzbekistan

VIOLATION OF BONE MINERAL DENSITY IN DISEASES OF THE STOMACH AND DUODENUM

ANNOTATION

Several scientists partially explained in the literature that the decrease in mineral density in patients with diseases of the stomach and duodenum occurs due to antisecretory and cytoprotective drugs. However, with acid-dependent gastrointestinal diseases, i.e., with chronic diseases of the stomach and duodenum, there are practically no signs of a violation of bone mineral density. Therefore, in this study, we attempted to determine that acid- and HP-associated diseases of the gastrointestinal tract, i.e., chronic gastritis and ulcers, are important risk factors for low bone mineral density. And we set ourselves the goal of developing methods for the prevention and treatment of complications that develop in the bone tissue in these diseases.

Key words: Osteoporosis, *Helicobacter pylori*, correlation, bone density.

Nazarov Feruz Yusufovich

Ichki kasalliklar propedeutikasi kafedrası assistenti,
Samarqand, O`zbekiston

Xolto`raev Abdugaffor Tochievich

Ichki kasalliklar propedeutikasi kafedrası assistenti,
Samarqand, O`zbekiston

ME'DA VA O'N IKKI BARMOQ ICHAK YARA KASALLIKLARIDA SUYAKLAR MINERAL ZICHLIGINING BUZILISHI

ЖУРНАЛ КАРДИОРЕСПИРАТОРНЫХ ИССЛЕДОВАНИЙ

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ООО Тадqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Тел: (+998-94) 404-0000

Editorial staff of the journals of www.tadqiqot.uz
Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Phone: (+998-94) 404-0000